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General debate on national experience in population matters: new trends in migration — demographic aspects

Statement submitted by International Planned Parenthood Federation, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

International Planned Parenthood Federation welcomes the priority theme of the Commission on Population and Development at its forty-sixth session.

The Federation is a global service provider and a leading advocate of sexual and reproductive health and rights and works through 152 member associations in more than 170 countries to empower the most vulnerable women, men and young people to access life-saving services and programmes and to live with dignity. It has had general consultative status with the Economic and Social Council since 1973.

The Federation aims to improve the quality of life of individuals by providing and campaigning for sexual and reproductive health and rights through advocacy and services. It defends the right of all people to enjoy sexual lives free from ill health, unwanted pregnancy, violence and discrimination, and believes that sexual and reproductive health and rights should be guaranteed for everyone, including all migrants, because they are internationally recognized human rights.

Background

In its Programme of Action, the International Conference on Population and Development recognized migration as a thematic priority and as relevant to fostering sustainable, just communities. Economic, political, social and cultural interrelations play an important role in the movement of people within and between countries. Economic imbalances, poverty, injustice, natural disasters, political persecutions and armed conflicts displace millions of people across the globe.

According to the Department of Economic and Social Affairs, in the past 30 years, the number of international migrants has more than doubled, to an estimated 214 million worldwide, the majority of which are women and young people. That figure includes roughly 25 to 32 million undocumented migrants worldwide, comprising around 10 to 15 per cent of the world's migrant population. These include economic migrants, refugees and internally displaced persons, people who have been trafficked and survivors of natural disasters.

A majority of migrants have to endure human rights violations, discrimination and exploitation. Violations include denial of access to fundamental economic and social rights, such as the right to education or the right to health, including sexual and reproductive health services. The worldwide reluctance to recognize the sexual and reproductive health and rights of young people is further compounded when they migrate. Their ability to access services can be severely compromised either by their own undocumented status in society or by discriminatory attitudes to adolescent sexuality in host countries. To ensure the full participation of the largest ever generation of youth in civic, educational and economic spheres, programmes, policies and funding to promote the sexual and reproductive health and rights of migrant youth must be prioritized.

Sexual and reproductive health and rights, gender equality and migration

Many migrants face challenges when accessing basic health services in host countries, including communication difficulties, discrimination, isolation, violence, cultural differences and personal autonomy restrictions. While individual experiences differ, pervasive gender inequality and the denial of sexual and

reproductive health and rights permeate all aspects of migration. It is essential that migration policies, programmes and funding incorporate a gender-sensitive approach and recognize the vulnerability of certain groups of migrants and asylum seekers, including men who have sex with men.

Human trafficking is an atrocious abuse of human rights that prevents victims from attaining the highest level of physical, mental and social well-being. People are trafficked for economic and sexual exploitation. It is imperative that legislative and policy responses use a gender and human rights-based approach to prevent trafficking, punish perpetrators and provide support to victims and survivors. It is also important that any discussion, research or policy against trafficking not be conflated with debates on voluntary sex work.

The needs of undocumented migrants, those with no legal right to stay in the host country, are also fraught with complications. Unable to formally engage in the economic and social life of the host country, undocumented migrants, particularly women and girls, are vulnerable to ill health and are often unable to access health services and counselling. They may lack access to legal protection and health and social services, including contraception, testing and treatment for HIV and counselling. Depending on the policies of the host country, when accessing services, women may be in fear of discovery through medical records monitoring, which deters individuals from seeking services. In addition to violating their most basic right to health, this approach can place an increased burden on the health system of the host country, as manageable conditions left unattended grow into emergency situations.

To ensure the sexual and reproductive health and rights of women migrants, efforts must be made to work with a range of agencies and with communities to ensure that all migrants, regardless of their status, are aware of their right to access services and that services and service providers meet the sexual and reproductive health needs of migrants effectively and without discrimination. This approach should include linkages with local non-governmental organizations that provide sexual and reproductive health and rights services, including programmes that prevent violence against women. Finally, to ensure that migrant women are empowered to make choices and decisions about their bodies, comprehensive sexuality education and policies that safeguard women's rights must be prioritized.

Sexual and reproductive health and rights in crisis situations

Injury, malnutrition, acute respiratory infection, diarrhoeal diseases, measles and malaria, where prevalent, are major concerns in crisis situations. Therefore, providing clean water, sanitation, adequate food, shelter and primary health care are top priorities. However, with the Office of the United Nations High Commissioner for Refugees and the Internal Displacement Monitoring Centre putting the average displacement of internally displaced people at 20 years and that of refugees at 17 years, the impact of migration and crisis is long term.

Neglecting sexual and reproductive health in emergency situations and their aftermath has potentially serious consequences, including preventable maternal and infant deaths, sexual and gender-based violence, unwanted pregnancies and unsafe abortions and an increased incidence of HIV and other sexually transmitted infections. During times of crisis, women may not have brought their contraceptives with them or they could be unable to access them. According to Macro International

Inc., 25 per cent of displaced women between 15 and 49 will be pregnant at any time and 15 per cent of their deliveries will incur complications; mothers and newborns are still at risk. The chaotic environment of crisis situations, combined with the absence of law and entrenched gender inequality, contribute to the increased incidence of sexual and gender-based violence towards girls and women. According to Human Rights Watch, up to 500,000 women survived rape during the genocide in Rwanda. The breakdown of social norms, lack of family support and collapse of sources of income, information and assistance put the population, in particular young women and men, at higher risk of contracting HIV and other sexually transmitted infections. Women may engage in survival sex, where sex is traded for food, water, shelter or other basic necessities, increasing vulnerability to such infections, including HIV.

As a consequence, it is essential for the survival and well-being of populations in crisis situations that emergency responses adopt basic sexual and reproductive health components and integrate them into primary health-care services. Contraceptives, including emergency contraception, must be accessible from the early stages of the crisis and more comprehensive family planning programmes need to be implemented once the situation stabilizes.

HIV travel restrictions

According to the United Nations Development Programme, forty-six States currently limit entry, residency and stay because of HIV status. According to the Joint United Nations Programme on HIV/AIDS, these restrictions pose no public health benefit and serve only to violate the rights of individuals. In addition, the restrictions reinforce HIV-related stigma and discrimination, limit access to HIV prevention and care services and may in fact impede efforts to protect public health. Advances in antiretroviral treatment mean that those living with HIV can live long and productive lives, yet this can be negated by the travel restrictions that prevent individuals from personal and business travel and engaging in careers which require travel. Those at risk of persecution can have asylum choices limited by such policies. Mandatory HIV testing on arrival is a violation of human rights and in most cases does not respect confidentiality and the need for pre- and post-test counselling and referral services.

Furthermore, in some States, migrant workers who test positive after securing employment overseas may face summary deportation. For example, Singapore has a policy of mandatory testing of all work permit holders. Non-Singaporeans found to be HIV positive are deported with little regard to counselling and access to treatment. Some bilateral memorandums of understanding between countries contain mandatory testing conditions for migrant workers.

Recommendations

The Federation recommends that States use this opportunity to:

(a) Adopt a human rights-based approach to migration. While countries have a sovereign right to determine the conditions of entry and stay in their territories, they also have an obligation to respect, protect and fulfil the human rights of all individuals under their jurisdiction, regardless of their nationality or origin and of their immigration status;

(b) Create enabling policies and earmark designated funding to support sexual and reproductive health coordination and implementation before, during and after crises. This should include Governments and non-governmental organizations working together to ensure the provision of sexual and reproductive health planning and preparation and the promotion of policies that support the full implementation of the Minimum Initial Service Package for Reproductive Health in Crisis Situations created by the Inter-Agency Working Group on Reproductive Health in Crises. Sexual and reproductive health services should be mainstreamed into emergency preparedness plans and humanitarian response programmes, including developing the skills and knowledge of coordinators and service providers;

(c) Ensure access to comprehensive sexual and reproductive health services for migrant women, including programmes and policies that promote and protect sexual and reproductive rights and eliminate gender inequality, and the training of service providers and development of clinical guidelines and outreach to migrant communities;

(d) Create enabling policies and designate funding to support the creation and implementation of programmes aimed at women and girls who have been trafficked, including those that provide counselling, support and comprehensive sexual and reproductive health services;

(e) Recognize the vulnerability of youth migrants to ill health by ensuring the provision of youth-friendly, non-discriminatory sexual and reproductive health services and comprehensive sexuality education;

(f) Lift restrictions that prohibit individuals living with HIV/AIDS from having the right to enter, stay in or reside in a country because of their HIV status;

(g) Implement the recommendations of the Global Commission on HIV and the Law, especially to ensure an effective, sustainable response to HIV that is consistent with human rights obligations;

(h) Commit to the removal of any travel or other restrictions that prohibit people with HIV from entering or staying in a country, the repeal of any requirements for mandatory HIV testing and ensuring that regulations allow for the legal registration of migrants with health services and that migrants can access the same quality of HIV prevention, treatment and care services and commodities that are available to citizens.